

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12528

1700
163

1. PLACE OF DEATH:

County Bloomington GarrettCity or town Bloomington
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

1 mile N. of Bloomington

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town 1 Mile N. of Westernport
(If outside city or town limits, write RURAL and give nearest town)Street No. - - - - -
(If rural, give LOCATION)2. (a) If veteran, name war - - - - -

3. (a) FULL NAME

SAMUEL LEWIS DARR

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

Evelyn Smith Darr

7. Birth date of deceased (mo., day, yr.)

June 22, 19026. (c) If alive, give age. - - - years

8. AGE:

Years

Months

Days

If less than one day

46514- - - hrs. - - - min.9. Birthplace Westernport, Allegany, Maryland
(Town, county, and state)

10. Usual occupation

Miner

11. Industry or business

Coal Mine

MOTHER

12. Name John W. Darr

13. Birthplace

Lonaconing, Maryland

14. Maiden name

Eliza Jones

15. Birthplace

Moorefield, W. Va.

16. Informant

James Darr

Address

Westernport, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Dec 9, 1948

(month) (day) (year)

Cemetery or crematory

Philos Cemetery

Location

Westernport, Maryland

18. Funeral director

Ellsworth S. Boal

Address

Westernport, Maryland19. Dec. 8, 1948

(Date rec'd by registrar)

Dorsey Patterson

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 6, 1948 at 8:30 p.m.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

Spanned after deathand that I last saw him - - - alive on - - -

Immediate cause of death

Drowning

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

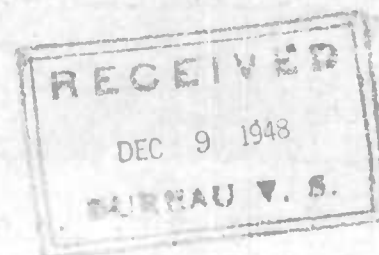
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12/6/48Where did injury occur? near Bloomington Garrett Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public roadMeans of injury Car ran into river Injured at work? no

23. SIGNATURE

E. H. Patterson M. D. or other D. H. Patterson
Address Dakota Md Date signed 12/6/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Judson Wilkison Foster.

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married.
 6. (b) Name of husband or wife Sarah S. Foster.
 6. (c) If alive, give age 68 years
 7. Birth date of deceased (mo., day, yr.) January 7th 1876
 8. AGE: Years 72 Months 11 Days 26 If less than one day hrs. min.

9. Birthplace Oakland, Maryland.
 (Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

12. Name Siras Foster.
 13. Birthplace England.

14. Maiden name Sarah Ervin.
 15. Birthplace Garrett County.

16. Informant Mr. Joseph D. Foster.
 Address Oakland, Maryland.

17. Burial Burial Date thereof Dec. 6th, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Oakland Cemetery
 Location Oakland, Maryland.

18. Funeral director Emory D. Bolden
 Address Oakland, Md.

19. 12/6/48 Julius P. Rowan
 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

P. M.

20. DATE OF DEATH December 3d, 1948, at 9:30 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 29, 1946, to Dec. 3, 1948, and that I last saw him alive on Nov. 8, 1948.

Immediate cause of death Carcinoma - Pancreas DURATION -

Due to (with malignant) obstruction
(common bile duct)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

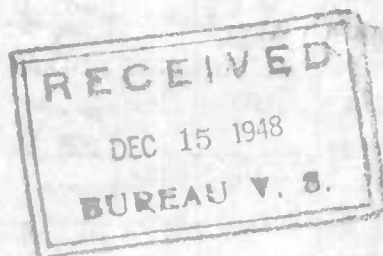
23. SIGNATURE A. E. Mauer M. D. or other

Address Oakland, Maryland Date signed Dec 6/1948

Miss Julia

Went out of town

for several days.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12530

EVIDENCE FOR ADDITIONS IN
21472 SHOWN ON:

FILM No. G 110 JAN 25 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of
deceased (mo., day, yr.)

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

87

23

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or disposal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

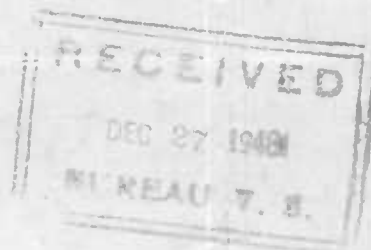
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

451

302?

Reg. Dist. No.

166

1. PLACE OF DEATH:

County GarrettCity or town Near Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Martha Cinderella Gilson.

3. (b) Social Security Number

None.

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single.

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 10th, 1925.

8. AGE:

Years

Months

Days

If less than one day

25620

hrs.

min.

9. Birthplace Deer Park, Md.

(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business _____

FATHER

12. Name

Earl George.

13. Birthplace

Galloway, W. Va.

MOTHER

14. Maiden name

Mary Ellen Gilson.

15. Birthplace

Deer Park, Md.

16. Informant

Address

Mrs. Charles Perando,Oakland, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Jan. 2d/49.

(month) (day) (year)

Cemetery or crematory

Oakland Cemetery.

Location

Oakland, Md.

18. Funeral director

Address

Emory Bolden
Oakland Md

19. Date rec'd by registrar

Jan 2 19 49.Julia A. Rowan
T Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30, 1948 at 6:30 p. M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

Spanned after death 19and that I last saw him alive on 19

Immediate cause of death

Hemopericardium

DURATION

Due to

Ruptured aneurysm, aorta

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

Hemopericardium

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

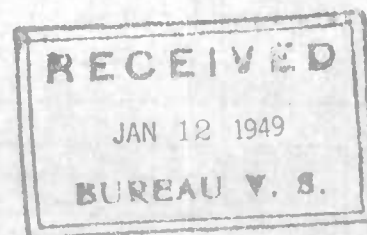
Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

E. D. Bauman deceased
Oakland Md M. D. or otherDate signed 12/31/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 171

1. PLACE OF DEATH:

County Garett
 City or town R. D. 2 Swanton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Garett
 City or town R. D. 2 Swanton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

John William Green

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Ida Green
 6. (c) If alive, give age 78 years
 7. Birth date of deceased (mo., day, yr.) May 24-1871
 8. AGE: Years 77 Months 6 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace R. D. 2 Grantsville Md
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

FATHER 12. Name Jefferson Green
 13. Birthplace Not Known

MOTHER 14. Maiden name Lydia Broadwater
 15. Birthplace R. D. 2 Grantsville Md

16. Informant Mr Everett Green
 Address R. D. Swanton

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 12-15-1948
 (month) (day) (year)
 Cemetery or crematory New Germany
 Location R. D. 2 Grantsville Md

18. Funeral director Wm Wintersburg
 Address Grantsville Md

19. Dec 14 48 (Date rec'd by registrar) 19 48 J. E. Emory Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1948 at 9 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1948 to Dec 12 1948
 and that I last saw him alive on Dec 11 1948

Immediate cause of death Spontaneous
1st stage of
small intestine
 Due to _____

DURATION

1 yr

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. R. Davis M.D. M. D. or other _____

Address Grantsville Md Date signed 12/13/48

RECEIVED

DEC 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Oakland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 78 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland. County Garrett
 City or town Oakland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Third St.
 (If rural, give LOCATION)

 2(a) If veteran, name war -----

3. (a) FULL NAME

Agnes Helbig

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife -----
 7. Birth date of deceased (mo., day, yr.) June 16, 1870 8. (c) If alive, give age ----- years
 8. AGE: Years 78 Months 6 Days 8 If less than one day ----- hrs. ----- min.

9. Birthplace Garrett Co., Md.
 (Town, county, and state)
House Keeper
 10. Usual occupation
 11. Industry or business Own Home
 12. Name John Helbig
 13. Birthplace Germany
 14. Maiden name Mary Brinkman
 15. Birthplace Germany

16. Informant Edward W. Helbig
 Address Oakland, Md.

Burial Dec. 26, 1948
 (Burial, cremation, or removal, which?) Date thereof (month) (day) (year)
 Cemetery or crematory St. Peters Cemetery
 Location Oakland, Md.
 18. Funeral director Herbert C. Leighton
 Address Oakland, Md.

19. 12/26 19 48 Julia G. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23, 19 48 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 20 19 46 to December 22 19 48
 and that I last saw her alive on 31st Dec 19 48

Immediate cause of death Myocardial Heart Disease DURATION 3 yrs.

Due to Chronic Sclerosis - 10 yrs

Due to -----
 Other conditions -----

(Include pregnancy within 3 months of death)

Major findings of operations -----

Date of op. -----

Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work? -----

23. SIGNATURE R. E. Name M.D. or otherAddress Oakland Md Date signed 28 Dec 48

RECEIVED

JAN 12 1949

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 122

1. PLACE OF DEATH:

County Garrett
City or town Rural- Vindex
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 39 yrs.

Hospital, institution, or street address where death occurred:

1 Mile West

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
City or town Rural- Vindex
(If outside city or town limits, write RURAL and give nearest town)Street No. 1 Mile West
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Charles Hezekiah Knox

3. (b) Social Security Number

NONE4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Widowed

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 48 2:50P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7 Dec 48 to 7 Dec 48 and that I last saw him alive on 7 Dec 48Immediate cause of death arteriosclerotic cardiovascular disease

DURATION

Due to

Due to

Other conditions

Cardiac asthma

(Include pregnancy within 8 months of death)

Major findings of operations noneAutopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Thomas J. Lynch M.D.Address Oakland, Md. Date signed 9 Dec 486. (b) Name of husband or wife Rachael Annie (Broadwater)Knox

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 19708. AGE: Years 78 Months 9 Days 19 If less than one day hrs. min.9. Birthplace near Swanton, Garrett Co., Md.
(Town, county, and state)10. Usual occupation Miner -retiredCoal Mines

11. Industry or business

12. Name Joseph Knox
Garrett Co., Md.13. Birthplace Mary Green14. Maiden name Garrett Co., Md.

15. Birthplace

Dorsey Knox16. Informant Vindex, Md.

Address

17. Burial Dec. 12/48
(Burial, cremation, or removal, which) Date thereof (month) (day) (year)
I.O.O.F. CemeteryCemetery or crematory Elk Garden, W.Va.Location Otha F. Sharpless18. Funeral director Blaine, W.Va.

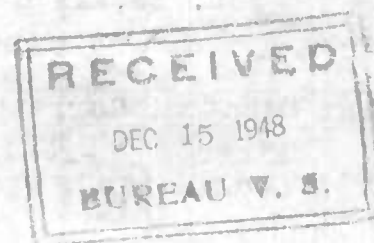
Address

19. 12/11 48 AmBarnick
(Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1821
925Reg. Dist. No. 12535
166

1. PLACE OF DEATH:

County Garrett
City or town Swanton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 1/2 Months
Hospital, institution, or street address where death occurred:

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland. County Garrett
City or town Swanton
(If outside city or town limits, write RURAL and give nearest town)
Street No. -----
(If rural, give LOCATION)

2.(a) If veteran, name war -----

3. (a) FULL NAME

Richard William Rounds

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age ----- years

7. Birth date of deceased (mo., day, yr.)

July 5, 1948

8. AGE:

Years

Months

Days

If less than one day

--

520

----- hrs.

----- min.

8. Birthplace

Keyser, W. Va.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

None

MOTHER FATHER

12. Name

William Rounds

13. Birthplace

Swanton, Md.

14. Maiden name

Josephine Hartman

15. Birthplace

Oakland, Md.

16. Informant

William Rounds

Address

Swanton, Md.

17.

Burial

(Burial, cremation, or removal, Which?)

Date thereof

Dec. 26, 1948

(month) (day) (year)

Cemetery or crematory

George Cemetery

Location

near Swanton, Md.

18. Funeral director

Herbert C. Reigleton

Address

Oakland, Md.

19.

12/26/48
(Date rec'd by registrar)

19

Julia A. Rowan
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24, 48 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

examined after death to death and that I last saw him alive on 10

Immediate cause of death

Asphyxiation

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

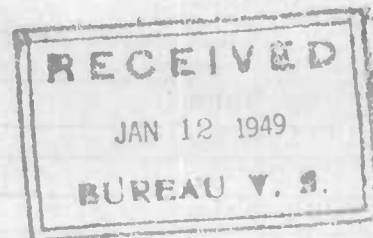
Injured at work?

23. SIGNATURE

Address

Dr. J. A. Rowan
Oakland Md
Date signed 12/29/48

See also
Where killed
Buried



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 12536 162

1. PLACE OF DEATH:

County Garett
 City or town R.D. 2 Accident
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garett
 City or town R.D. 2 Accident
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Henry Harry Schlogsnagel

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

8.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 5-1862

8. AGE: Years 86 Months 9 Days - If less than one day _____ hrs. _____ min.

8. Birthplace Accident Maryland
(Town, county, and state)1D. Usual occupation Farmer

11. Industry or business _____

12. Name Henry Schlossnagel13. Birthplace Germany14. Maiden name Victoria Kettler15. Birthplace Not Known18. Informant Carol GloverAddress Oakland Md

17. Burial Date thereof 12-8-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CoveLocation R.D. 2 Accident Md18. Funeral director Wm. W. WintersburgAddress Grantsville Md

19. Dec 7 1948 Ethel Broadwater
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH December 5 1948 at 9 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 20 1948 to Dec 5 1948
 and that I last saw him alive on Nov 20 1948

Immediate cause of death chronic myocarditis
 DURATION 2 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Milton Pepper M. D. or other _____Address Frederick, Md Date signed Dec 6 1948

RECEIVED

CERTIFICATE OF DEATH

STATE OF NEW YORK

DATE OF DEATH

MEDICAL CERTIFICATION

RECEIVED
DEC 8 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH: Garrett
 County Frederickville, Md. (Rural)
 City or town (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 28 yrs.
 Hospital, institution, or street address where death occurred: _____
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Frederickville, Md. R.D.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME
THOMAS JEFFERSON SCHROYER

3.(b) Social Security Number
215-16-4374

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Minnie May Schroyer
Frederickville, Md. R.D. 6.(c) If alive, give age 73 years
 7. Birth date of deceased (mo., day, yr.) August 26 1875
 8. AGE: Years 73 Months 3 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Garrett Co. - Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farming industry

12. Name Adam Schroyer

13. Birthplace Frederickville, Md.

14. Maiden name Lucinda Kelly

15. Birthplace Frederickville, Md.

16. Informant Mrs. Earl Schroyer

Address Frederickville, Md.

17. Burial Date thereof Dec 20 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Blooming Rose Cemetery

Location Frederickville, Md. (R.D.)

18. Funeral director W. H. Rodahaver

Address Markleysburg, Pa.

19. Dec 20 1948 Mrs. Kathryn Fike.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1948 at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from examined after death to death 19____

and that I last saw him alive on _____ 19____

Immediate cause of death _____ DURATION _____

Coronary Occlusion

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

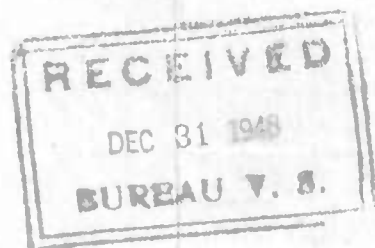
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. J. Baumgartner, M.D. M. D. or the _____

Address Dallond Date signed 12/18/48

Schnager



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 125886

1. PLACE OF DEATH:

County GarrettCity or town Crellin, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 23 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Thomas Sisler.

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married.6. (b) Name of husband or wife Florence Sisler.6. (c) If alive, give age 63 years7. Birth date of deceased (mo., day, yr.) August 8th, 18768. AGE: Years Months Days If less than one day
72 3 25 hrs. min.9. Birthplace Garrett County.
(Town, county, and state)10. Usual occupation Miner.

11. Industry or business

12. Name Henry Sisler13. Birthplace Garrett County, Md.14. Maiden name Mariah Riley.15. Birthplace Garrett County, Md.16. Informant Gilbert Sisler.Address Crellin, Md.17. Burial Date thereof Dec. 5th/48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetary or crematory Pifer Cemetery.Location Near Eglen, West Va.18. Funeral director Emory D. BoldenAddress Oakland, Maryland.19. 12/3/48 Julius A. Brown
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Crellin, Maryland.
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

212-01-5640

MEDICAL CERTIFICATION

Noon.

20. DATE OF DEATH December 2d, 19 48 at 12:20 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 19 48 to Dec 2 19 48and that I last saw him alive on Dec 1 19 48

Immediate cause of death

DURATION

Carcinoma of colon

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

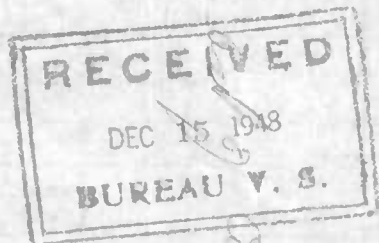
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. J. BaumanAddress Oakland Md Date signed 12/3/48

Mr. Becker Please advise January 4th
in the certificate

Re. Emergency



City,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County... Garrett
 City or town... Friendsville, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 21 yrs
 Hospital, institution, or street address where death occurred:
1st Ave Friendsville, Md.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Garrett
 City or town... Friendsville, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Noah Luther Teets

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Monna Teets
 6. (c) If alive, give age 33 years
 7. Birth date of deceased (mo., day, yr.) Sept. 30, 1898
 8. AGE: Years 50 Months 2 Days 11 If less than one day
hrs. min.

9. Birthplace... Accident, Md.
 (Town, county, and state)
 10. Usual occupation... Mechanic
 11. Industry or business Mechanical Industry
 12. Name... Silas Teets
 13. Birthplace Friendsville, Md.
 14. Maiden name... Sarah Elizabeth Fresh
 15. Birthplace Brautsville, Md.

16. Informant Mrs. Monna Teets
 Address Friendsville, Md.
 17. Burial Date thereof Dec 12 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Steele Cemetery
 Location Friendsville, Md.

18. Funeral director W. H. Rodabaver
 Address Markleysburg, Pa.
Dec 11 19 48 Mrs. Kathryn Fike
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... December - 10 - 1948 at 4:05 AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec. 10 - 1948 to Dec. 10 - 1948
 and that I last saw him alive on Dec. 10 - 1948

Immediate cause of death
Hemiplegia - (3rd) - L.
 Due to
 Due to Cerebral Hemorrhage
 Other conditions
 (Include pregnancy within 3 months of death)

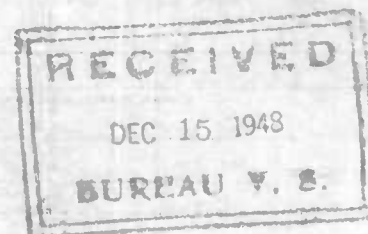
Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE H. B. Messmore M.D.
 M. D. or other
 Address Addison - Pa Date signed 12/10/48

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH:

County Garrett
 City or town Bloomington
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 34 Years
 Hospital, institution, or street address where death occurred:
1 mile N of Bloomington
 How long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Bloomington - rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1 1/2 Mi North Bloomington
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War #2

3. (a) FULL NAME

ADEN CLARE WILT, Jr.

3. (b) Social Security Number

217-03-6070

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife - - - -
 6.(c) If alive, give age - - - - years
 7. Birth date of deceased (mo., day, yr.) Novemebr 14, 1914
 8. AGE: Years 34 Months 0 Days 22 If less than one day - - - - hrs. - - - - min.

9. Birthplace Bloomington, Garrett, Maryland
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business Farm
 12. Name Aden Wilt
 13. Birthplace Maryland
 14. Maiden name Lula Pritts
 15. Birthplace Maryland

16. Informant Mrs. Aden Wilt
 Address Bloomington, Maryland
 17. Burial Date thereof Dec 9, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Elbert Wilt Cemetery
 Location 5 mil E of Swanton, Md.
 18. Funeral director Ellsworth S. Boal
 Address Westernport, Maryland
 19. Dec 8 19 48 Dorsey Patterson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6, 1948 at 8:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from flumure after death 19 - - - -
 and that I last saw him - - - - alive on - - - - 19 - - - -

Immediate cause of death Drowning
 DURATION - - - -
 Due to - - - -
 Due to - - - -
 Other conditions - - - -
 (Include pregnancy within 3 months of death)

Major findings of operations - - - - Date of op. - - - -Autopsy results - - - -
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 12/6/48
 Where did injury occur? Near Bloomington Garrett Md (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Public road
 Means of injury Car ran into river Injured at work? No

23. SIGNATURE B. J. Patterson Secy. Med. Chen
 Address Oakland Md Date signed 12/6/48

